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Total Number of Pages in This Submission	25
Total Hamilton or ages in this castillation	

Application Number	09/825,107 (conf. no. 3240)	
Filing Date	April 3, 2001	
First Named Inventor	Crawford, Peter J.	
Group / Art Unit	2675	
Examiner Name	Jorgensen, Leland R.	
Attorney Docket No.	0975-003	

ENCLOSURES (check all that apply)						
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Firm or Individual name	<u> </u>		ANT, ATTORNEY,	OK AGEN		
Furm or Individual name Kevin E. Flynn 37,325						
Signature	II.	The		Date	November 3 2003	
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P O Box 1450, Alexandria VA 22313-1450 on this date: 11/ , 2003						
Typed or printed name Lynette M. Bailey						
Signature Signature Date 11/03/03						

Approved for use through 04/30/2003. OMB 0551-0032

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FEE TRANSMITTAL for FY 2003 0 3 2003 Effective 01/01/2003. Petent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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		Complete If Known	
	Application Number	09/825,107 (conf. no. 3240)	
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	First Named Inventor	Crawford, Peter J.	
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	Group / Art Unit	Jorgensen, Leland R.	
	Attorney Docket No.	0975-003	

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SUBMITTED BY Complete (if applicable)								
Name (Print/Type)	Kevin E. Flynn	Registration No. Attorney/Agent)	37,325	Telephone	`919- 544-5444			
Signature	1/20	E.		Date	November 3, 2003			

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TO:

Examiner Leland R. Jorgensen (Art Unit 2600)

(0975-003)

FAX #:

(703) 872 9315

FROM:

Kevin E. Flynn, Reg. No. 37,325

DATE:

November 3, 2003

RE:

U.S. Application Serial No. 09/825,107 filed April 3, 2001

Attached is the Amendment and Response to the Office Action dated June 5, 2003.

A confirmation copy of the attached Amendment and Response will be sent to the United States Patent and Trademark Office by Express Mail, together with the Credit Card Payment Form for the extension of time and additional claims fees. A copy of the Credit Card Payment Form is enclosed with this facsimile transmission with the credit card number blacked out.

Please contact me at (919) 544 5444 or email me at kflynn@d2vlaw.com if you have any questions.

Thank you.





PTO/SB/06 (08-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 09/825,107 (0975-003 CLAIMS AS FILED - PART I OTHER THAN (Column 1) OR SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) 22 minus 20 = OR INDEPENDENT CLAIMS 4 1 (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 2 OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 1) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAID FOR FEE FEE **IENDM** Total (37 CFR 1.18(c)) Minus 3 x s OR independent (37 CFR 1.16(b)) Minus 5 X \$ OR z FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m REMAINING NUMBER PRESENT RATE ADDI-RATE EN PREVIOUSLY AFTER **EXTRA** TIONAL TIONAL AMENDMENT PAIO FOR FEE Total (37 CFR 1.16(c)) Minus ENDM 27 25 2 × s<u>9.0</u>0 18.00 OR Independent (37 CFR 1.16(b)) Minus 0 x s<u>43</u>.€0 0 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR 00 ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-RATE ADD!-EN AFTER AMENDMENT PREVIOUSLY **EXTRA** TIONAL TIONAL PAIO FOR FEE FEE ENDM Total Minus (37 CFR 1.16(a)) = OR Independent (37 CFR 1.16(b)) Minus X 5 OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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